



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 1543

|   |   |  |   |  |                          |                                |
|---|---|--|---|--|--------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/760,317  | <b>FILING or 371(c) DATE</b><br>01/21/2004<br><b>RULE</b>   | <b>CLASS</b><br>369                                      | <b>GROUP ART UNIT</b><br>2627   | <b>ATTORNEY DOCKET NO.</b><br>03500.017844 |                          |                                |
| <b>APPLICANTS</b><br>Kazuyoshi Ishii, Tokyo, JAPAN;<br>Kazunori Suzuki, Kanagawa, JAPAN;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2003-016345 01/24/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>04/26/2004 |   |  |   |  |                          |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/TAN X DINH/</u><br>Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>JAPAN  | <b>SHEETS DRAWINGS</b><br>7                | <b>TOTAL CLAIMS</b><br>6 | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>FITZPATRICK CELLA HARPER & SCINTO<br>30 ROCKEFELLER PLAZA<br>NEW YORK, NY 10112<br>UNITED STATES  |   |  |   |  |                          |                                |
| <b>TITLE</b><br>MAGNETO-OPTICAL HEAD SUPPORT STRUCTURES   |   |  |   |  |                          |                                |
| <b>FILING FEE RECEIVED</b><br>770   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                          |                                |